State of Michigan DEPARTMENT OF MANAGEMENT AND BUDGET OFFICE OF STATE EMPLOYER

EMPLOYEE RECALL FORM

Instructi	ions on rev	erse side		(Bargaining			s Oı	าly)	D	ate:				
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A Social Security Nur		mber 		Dept. and Agency No.	Se	Sex/Race		Name (Last)		;) (Fi		irst)		(M.I.)
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Canary:	To prepare				-			D.	anarari	s Siano	turo			
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